



# Endowed Giving Program Enrollment Form

When completing this form, please type or print clearly in all CAPITAL LETTERS using black ink. Mail or fax completed application to the address(es) below:

Please mail this completed form via regular mail to:  
**Fidelity Charitable Gift Fund**  
P.O. Box 770001  
Cincinnati, OH 45277-0053  
Fax: 877-665-4274 (If faxing this form, please do not also mail original)

You can also mail this completed form via overnight delivery to:  
**Fidelity Charitable Gift Fund**  
100 Crosby Parkway  
Mail Zone KC1D-FCS  
Covington, KY 41015-9325

Giving Account® Holders who wish to support charitable organizations beyond their lifetime by providing ongoing grants to up to six (6) charitable beneficiaries may enroll in the Endowed Giving Program ("Endowed Program"). A \$100,000 minimum Giving Account balance is required at activation, which occurs at the death of the last remaining Account Holder. Please refer to the Program Circular for eligibility and further details.

## 1 GIVING ACCOUNT NUMBER

Please Check One:

- New Giving Account (if you are establishing a new Giving Account)
- Current Giving Account (if you already have a Giving Account)

Giving Account Number

CGF												
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## 2 TO RENAME THE GIVING ACCOUNT

Please complete this section to change the Giving Account name upon Endowed Program activation. Typically, donors choose a name in honor of themselves (e.g., "The Smith Family Memorial Fund").

Giving Account Name

## 3 ENDOWED PROGRAM DURATION (TERM LENGTH) AND ANNUAL PERCENTAGE TO BE DISTRIBUTED (MIN 5%)

You may recommend a term length for the Endowed Program (minimum term length is five (5) years). If no term length is stated, ongoing grants to charitable beneficiaries will continue in perpetuity. The term length will apply to ALL elected beneficiaries.

Term Recommendation

Total annual percentage (minimum 5%) of Giving Account balance to be distributed to recommended Endowed Program Beneficiary(ies).

TOTAL ANNUAL %				%
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## 4 ENDOWED PROGRAM BENEFICIARY RECOMMENDATIONS

Limit of three (3) charitable beneficiaries

### ENDOWED PROGRAM BENEFICIARY #1

Organization Name

% OF TOTAL ANNUAL DISTRIBUTION TO CHARITY FROM GIVING ACCOUNT*				%
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Federal Tax ID Number (if known)

Phone Number

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Mailing Address

City

State

--	--

ZIP Code/Postal Code

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Frequency of recurring grant (check one)  Semiannual  Annual

Anonymous Gift (check one)  Yes  No

\*The Endowed Giving Program requires a minimum total annual distribution amount of 5% of the Giving Account balance or applicable IRS minimum percentage. If amounts distributed in a given year do not meet this minimum, the Gift Fund will calculate and distribute the difference to the charitable grant recipients in the same proportion as recommended. Distribution calculations are based on the Giving Account balance as of December 31 of the prior calendar year.

**4 ENDOWED PROGRAM BENEFICIARY RECOMMENDATIONS (continued)**

**ENDOWED PROGRAM BENEFICIARY #2**

This is my Alternate Beneficiary\*\*  Yes  No

**% OF TOTAL ANNUAL DISTRIBUTION TO CHARITY FROM GIVING ACCOUNT\***

%

Organization Name

Federal Tax ID Number (if known)

Phone Number

-    -

Mailing Address

City

State

ZIP Code/Postal Code

-

Frequency of recurring grant (check one)

Semiannual  Annual

Anonymous Gift (check one)

Yes  No

**ENDOWED PROGRAM BENEFICIARY #3**

Organization Name

**% OF TOTAL ANNUAL DISTRIBUTION TO CHARITY FROM GIVING ACCOUNT\***

%

Federal Tax ID Number (if known)

Phone Number

-    -

Mailing Address

City

State

ZIP Code/Postal Code

-

Frequency of recurring grant (check one)

Semiannual  Annual

Anonymous Gift (check one)

Yes  No

COMBINED TOTAL MUST EQUAL:

**1 0 0 %**

**IMPORTANT NOTE: If you are also electing individual and/or IRS-qualified public charity successors (see Section 5 of the Gift Fund Donor Application), please ensure the combined total of your Successor Elections, including the Endowed Giving Program election, equals 100%.**

**5 SIGNATURE**

I acknowledge that I have read the Gift Fund's *Endowed Giving Program Guidelines* and *Gift Fund Policy Guidelines: Program Circular* and agree to the terms and/or conditions described therein. I hereby certify that grant recommendations made herein adhere to these guidelines and neither I nor anyone else will receive any impermissible benefit from the recommended charitable organizations from these grants if distributed, and that these grants do not fulfill pre-existing pledges to the recommended charitable organizations. I understand that by establishing the Endowed Giving Program, the Trustees do not intend to confer or constitute a contractual, trust, or other fiduciary relationship with participating Account Holders, grant recipient or any other person, and that the Trustees may modify, amend or eliminate the Endowed Giving Program at any time. I understand that under the terms of the Endowed Giving Program, the Gift Fund is specifically authorized to expend as much income and principal as the Trustees deem appropriate. See Endowed Giving Program Guidelines for complete details.

Please Print Name Below

Signature

Date

\*\*If you are recommending only one Endowed Program Beneficiary, you have the opportunity to also recommend an Alternate Beneficiary, in the case that your recommended beneficiary becomes ineligible. If you do not recommend an Alternate Beneficiary, or if the alternate becomes ineligible, the remaining Giving Account balance will be transferred to the Trustees' Philanthropy Fund.

The *Fidelity*® Charitable Gift Fund<sup>SM</sup> ("Gift Fund") is an independent public charity with a donor-advised fund program. Various Fidelity companies provide non-discretionary investment management and administrative services to the Gift Fund.

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